

Dear Applicant and/or Designated Representative,

Thank you for your inquiry regarding our Schedule Short Term Care Program (Respite). Our current rate is \$325.00 plus 6% New York State Surcharge.

Enclosed you will find an Application and a Medical Release form that must be completed and returned.

In addition, a copy of the following items MUST be included along with the application, the medical release form and fee:

- \_\_\_\_\_ Medicare Card
- \_\_\_\_\_ Medicaid Card
- \_\_\_\_\_ Social Security Card
- \_\_\_\_\_ All other health insurance cards
- \_\_\_\_\_ Power of Attorney
- \_\_\_\_\_ If you have any established Advance Directives (i.e. Living Will, Health Care Proxy, Do Not Resuscitate, etc.), please be sure to enclose a copy.

All applicants desiring admission into our SSTC Program must be screened to assure that health care needs can be met. Therefore, to assure that a complete and appropriate assessment of your health care needs is done, the following items MUST be submitted before eligibility for admission is determined:

1. Patient Review Instrument (PRI) and SCREEN - To obtain these required documents, you may contact a visiting nurse, the County Department of Social Services, the County Department of Health, or a certified home care agency.
2. Physician's Report and Orders - The enclosed copy must be submitted to your physician for completion and returned to our facility.

ALL of the above information is required for admission into our program. If you have any questions, please contact the Admissions Office 724-3323 or [olmsteadc@daughtersofsarah.org](mailto:olmsteadc@daughtersofsarah.org).

Sincerely,

Crystal Olmstead, LPN  
Admission Coordinator